

# Criminalistics Training Course

## Application Form

Please complete this form clearly and carefully.



### Course applied for:

Course Number:

Prerequisite courses taken (if applicable):

(Explain how you qualify if you do not have a prerequisite class):

Experience in the subject area  None  < 1 yr  1-2 yrs  2-5 yrs  >5 yrs

Percent of time to be spent in subject area  < 25%  25-50%  50-75%  >75%

### Personal details

Name \_\_\_\_\_ Title \_\_\_\_\_

SSN \_\_\_\_\_ email \_\_\_\_\_

CAC membership status:  Member  Non-member Phone \_\_\_\_\_ Fax \_\_\_\_\_

Disabled services needed \_\_\_\_\_

### Agency & Supervisor/Training Coordinator details

Name \_\_\_\_\_ Title \_\_\_\_\_

email \_\_\_\_\_ Phone \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Submission to be verified by applicant's supervisor:

I certify that the above information is correct (signature & date)

**Note on email submissions:** In lieu of signature emailed applications must be sent by supervisor

Send To: California Criminalistics Institute  
4949 Broadway, Room A104  
Sacramento, CA 95820

Phone: 916.227.3575  
Fax: 916.454.5433  
email: [cci@doj.ca.gov](mailto:cci@doj.ca.gov)

CCI use \_\_\_\_\_

Registrar \_\_\_\_\_

Received \_\_\_\_\_

Initial \_\_\_\_\_

Enrolled \_\_\_\_\_ Wait list \_\_\_\_\_

Class Date \_\_\_\_\_

Do Not Register \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

